Mohawk College School of Health Sciences  
Interprofessional Event  
Preparing Future Health Care Providers for Collaborative Practice  

**FACILITATOR PACKAGE**

Saturday November 25,  
2017  
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Welcome to the Annual IP Event!

This workshop is made possible through the collaborative work of the programs in the School of Health Sciences with administrative support from Mohawk College, Hamilton Health Sciences and the Program for Interprofessional Practice, Education and Research (PIPER), McMaster University. On Saturday, November 25 approximately 750 students from the programs in the School of Health Sciences, along with a team of expert facilitators will come together to learn more about each other’s disciplines and best practices in care planning as a team. We hope you enjoy the workshop. Thank you.

Mary Allan, Brooke Malstrom and Jennifer Henderson

Planning Committee

Mary Allan, Professor
Brooke Malstrom, Professor
Jennifer Henderson, Interprofessional Education Specialist
Triona Mills, Event Coordinator

Collaborative Partners

Jennifer Henderson, Interprofessional Education Specialist, Hamilton Health Sciences
John Parker, Director, Interprofessional Development, Hamilton Health Sciences

Workshop Objectives

Through the workshop learning activities, students will have the opportunity to:

▪ describe their own professional roles and responsibilities;
▪ learn about the general scope of practice of other health professionals;
▪ begin to understand how to involve other professions in patient care; and
▪ contribute to team effectiveness by sharing information, listening attentively, respecting others’ opinions, and demonstrating flexibility.
AGENDA

Preparing Future Health Care Providers for Collaborative Practice

November 25, 2017

Hamilton Convention Centre

0800-0830  Registration and Refreshments
0830-0850  Introductions and Ice Breaker Activity at Assigned Tables
0850-0900  Introduction & Welcome: Lori Koziol, Dean, School of Health, Mohawk College
0900-0930  Keynote Speaker
0930-0945  Activity #1 (lead by facilitator)
0945-1015  Video Simulation 1 (acute MI) followed by group discussion
1015-1030  BREAK
1030-1100  Video Simulation 2 (radiation therapy) followed by group discussion
1100-1130  Panel Discussion of Health Care Professionals
1130-1150  Activity #2 (lead by facilitator)
1150-1230  LUNCH
1230      Closing remarks:
**FACILITATOR ROLE**

- Develop a supportive/positive climate for discussion
- Model interprofessional collaboration, information sharing and respect
- Facilitate learning with, from and about one another
- Clarify tasks and time as needed
- Assist the students to arrive at key learning points linked to the event objectives
- Manage the group dynamics and process
- Provide feedback to the planning committee

**SUGGESTED PROCESS**

The workshop provides an opportunity for students to interact, collaborate and learn together with the guidance of a facilitator. The small group sessions should be student-centered, promote critical thinking, facilitate dialogue and engagement, and stimulate future learning. Students will receive a similar package prior to the workshop that does not have the prompts. Students are required to review two e-modules in preparation of the workshop: 1) *Introduction to Interprofessional Education and Collaboration*, and 2) *Introduction to the Canadian Interprofessional Competency Framework*.

**In Your Preparation:**

- review this **Facilitator Package**. It includes the suggested process, activity descriptions and relevant prompts
- review the **Facilitator Orientation** e-module:
  - you may also wish to review the two 10-minute e-modules prior to the event.
    - Intro to IPE: [http://youtu.be/y3iHN6PrvZs](http://youtu.be/y3iHN6PrvZs)
- Review **Professional Roles** document?

Each group will have a Facilitator and consist of approximately 10-12 students:

Nursing, OTA/PTA, Pharmacy Tech, Med/Rad/Science, PSW, PN, CVT

The following is a suggested process for the workshop and your role. Group dynamics can be quite variable, so feel free to modify based on your group’s needs. With this large number of students, we will endeavour to adhere to the time schedule given.
SCHEDULE

0830-0850
Getting to Know your Group
An ice-breaker exercise has been prepared for the students and is their first activity of the day. Information regarding the ice-breaker will be on the tables and also displayed on the screen. Students will be asked to find a partner from a different health profession from among their table partners. They will be asked to:

Introduce themselves.

Ask their partner why they chose the health profession they did and what is the most challenging aspect of their chosen profession.

At the 8:50 mark, they will be asked to rejoin the table group and as a group identify 1-2 learning goals.

*Your role will be to participate and facilitate this ice breaker activity.*

0850-0900
Introduction/Welcome by Lori Koziol, Dean, School of Health, Mohawk College

0900-0930
Keynote speaker—Jenn Salfi, Brock University

0930-1100

There are two activities throughout the morning. You may want to try different approaches, e.g., use of dyad/triad breakout discussions, or role-play as appropriate to the comfort level of your group.

Activity 1 – Roles and Responsibilities

Role clarification is an important domain that impacts one’s ability to work effectively in a team to achieve patient/client, family and community goals.

Start your small group discussion after the break by having the students share with one another:

- the role and responsibilities of their chosen discipline/profession
- educational requirements in your program
- regulatory and practice requirements
- understanding of other team member’s roles (discuss assumptions, knowledge gaps)
- understanding of the patient’s/client’s role within the team
0945-1100

Video experiences: Each video is approximately 3-5 minutes long. After the video you will lead the group in a discussion using the questions in this guide. Refer students to the resource, Collaboration Indicators Chart (page 2 in the student package; page 8 in the facilitator package) as your group works through the questions. The questions will also be posted on the screen after each video.

0945-1015

Video 1

Story 1—Mark Wilson Acute MI

Context: Mark is a 57-year-old male who experienced sudden shortness of breath and crushing chest pain along with diaphoresis while cutting the grass. His wife called the ambulance who brought him in to the Emergency Department. He is on oxygen, ECG monitor and has an IV infusing. He and his wife are in the ED where he is being assessed for a possible MI. His wife is Sarah Wilson.

ECG confirms that he has had an acute anterior MI.

Nursing staff Nurse Sarah completes a health history and explains her role. She works with the other members of the HCT to complete appropriate tests and to provide care to the patient and his wife.

Physician explains to the Wilson’s what is happening and orders appropriate tests to make a medical diagnosis

ECG technician completes an ECG and explains their role

Medical Imaging complete a chest X-ray and explains their role

Cardiovascular tech takes appropriate blood sample and explains their role

*Your role will be to facilitate the discussion in the small group based on the questions which will be on the screen.

Questions:

1. What would you have done in your professional roles with Mark Wilson?
2. Describe the inter-professional collaboration occurring in this story
3. Could anything have been done differently?

1015-1030: Refreshment Break

1030-1100

Video 2

Story 2—Shirley Best

Context: Shirley is a 59 year old female who recently had undergone mastectomy for breast cancer and is in her 4th week of...
radiation and chemotherapy. Shirley is currently being seen daily in the radiation outpatient clinic at a community hospital.

**Nurse Manager RN:** coordinates Shirley’s care

**Physician and Oncology RN:** The oncology nurse (and doctor) would be seeing Shirley in weekly review clinic and have discussion regarding skin care, pain management and inquire if patient is continuing with her physio.

**Radiation technologist:** RTT assesses skin, gives info for pharmacy and advises patient to see nurse in review after treatment.

**Pharm Tech:** will be following the orders for Shirley’s skin cream

**OTA/PTA:** will follow the assignment from the OT and PT to review Shirley’s ROM exercises and ensure she is having outpatient treatment

**Questions:**

1. Describe the inter professional collaboration you have witnessed between the health care professionals
2. What else could have been considered when developing a plan of care?
3. Is this scenario considered palliative care for this patient?

1100-1130

**Panel Discussion**

1130-1150

**Activity 2 – Sharing Perspectives and Experiences**

In the practice setting there are many enablers and barriers to inter-professional collaboration. Facilitate discussion using the following questions:

- How do you define IPE/C? What does IPE/C mean to you?

- Share some positive examples that you have experienced related to IPE/C. What were the key factors that made it a positive example? What factors would contribute to a well-functioning inter-professional/interdisciplinary team?

- Share some challenging examples that you have experienced related to IPE/C. How might you re-write the script for those situations now?

- Identify and describe 1-2 strategies that you can realistically implement to promote and facilitate IPE/C in
*The students will have had varying levels of experiences (clinical placements, rotations etc.) in the practice environment to reflect on. Encourage students to consider IPE/C examples within their academic coursework as well as past work experiences. Feel free to add your own questions.

1150-1230

**Lunch**

During lunch, here are some suggestions for discussion items.

- Ask the group how they felt the group collaborated as an inter-professional group? Reflect using the Collaboration Indicators, Appendix A.

- Review the student learning needs as developed at the beginning of the workshop and discuss whether they felt they met those needs.

Remind students that there will be an on-line evaluation sent to them and that once the evaluation is completed they will receive their certificate of attendance.

1230: Closing Remarks, Paul Armstrong, VPA, Mohawk College
## APPENDIX A: COLLABORATION INDICATORS

The chart below summarizes the behaviours that are necessary for each indicator of collaboration.

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<th>Indicators of Collaboration</th>
<th>What to Look for</th>
<th>Check If Present</th>
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| Shared experience           | • Agreeing on a shared vision  
• Having a patient-centred orientation  
• Establishing consensual goals  
• Participating in shared planning  
• Reducing duplication in services  
• Using consultation and referral appropriately |                  |
| Responsibility and accountability | • Balancing independent and shared accountability within the team  
• Engaging in collective decision-making |                  |
| Sharing information         | • Sharing information in a way that is concise, relevant to decision-making, timely and open to discussion  
• Understanding how team work contributes to outcomes  
• Meeting frequently to discuss opportunities  
• Accessing common infrastructure for collecting and exchanging information |                  |
| Co-operation                | • Establishing non-hierarchical relationships  
• Participating in shared consensual leadership  
• Defining rules jointly  
• Having a willingness to collaborate  
• Establishing partnerships with patient, community and faculty |                  |
| Support for innovation      | • Having expertise that fosters introduction of collaboration and innovation  
• Sharing different viewpoints to integrate different approaches when creating care solutions |                  |
| Mutual trust and respect    | • Depending on each other as a team  
• Having grounded trust  
• Appreciating and respecting all professions included in the interprofessional team |                  |

(Busing, Way & Jones, 2000; D’Amour et al., 2008; Nolte, 2005; Oandasan et al., 2004)

Canadian Interprofessional Health Collaborative (CIHC) framework

Canadian Interprofessional Health Collaborative (CIHC) framework

Educators in the professional programs within the Faculty of Medicine, McGill University have been working together over the past 10 years to optimize the training and preparation of students for interprofessional and collaborative patient-centered care and practice. This working group was formalized as the Joint Curriculum Committee on Interprofessional Education (JCC). In 2016, the committee became the Office of Interprofessional Education (OIPE). The OIPE includes representatives from each of the following schools in the Faculty of Medicine (FoM): Communication Sciences & Disorders, Medicine, Nursing, Physical & Occupational Therapy, and the Director of Faculty Development for Interprofessional Education.

The McGill IPE curriculum is based on the CIHC National Interprofessional Competency Framework established in 2010 by the Accreditation of Interprofessional Health Education initiative (AIPHE). The CIHC National Interprofessional Competency Framework comprises a set of competencies that require the development and integration of attitudes, behaviors, values, and judgments necessary for collaborative practice (CIHC, 2010). The six CIHC competency domains are:

- Role clarification
- Team functioning
- Interprofessional communication
- Patient/client/family/community-centered care
- Interprofessional conflict resolution
- Collaborative leadership

Collaboration is a developmental process and therefore, interprofessional learning is cumulative over one’s professional practice, reflecting a continuum of learning (CIHC, 2010). With regards to curriculum design, the Framework has clear definitions of the components of interprofessional practice and their interrelationships (see Figure x Framework) to inform educators of the relevant principles and content that should be included in an IPE program. The CIHC Framework can also be applied to research, social policy, and clinical practice.
The competency domains of the CIHC framework have been integrated into the McGill curriculum through a series of three required courses: IPEA 500, IPEA 501, IPEA 502 observing the following principles:

- IPE curriculum addresses the competency framework established by the Canadian Interprofessional Health Collaborative (CIHC) and accrediting bodies of the health professions (AIPHE)
- The learning activities are introduced at the formative stages across the curriculum
- The focus of the curriculum and instructional activities is on interaction and teamwork processes and includes all students within the FoM
- IPE educators from the different health professions within McGill Faculty (FoM) and the clinical community are provided with formal workshops and materials to advance their knowledge and pedagogical skills in IPE.
Canadian Interprofessional Health Collaborative Framework

Goal: Interprofessional Collaboration
A partnership between a team of health providers and a client in a participatory, collaborative and coordinated approach to shared decision-making around health and social issues.

Role Clarification
Learners/practitioners understand their own role and the roles of those in other professions, and use this knowledge appropriately to establish and meet patient/client family and community goals.

Interprofessional Conflict Resolution
Learners/practitioners actively engage with each other, including the patient/client family, in dealing effectively with interprofessional conflict.

Team Functioning
Learners/practitioners understand the principles of team dynamics and group processes to enable effective interprofessional team collaboration.

Collaborative Leadership
Learners and practitioners work together with all participants, including patients/clients/families, to formulate, implement and evaluate care/services to enhance health outcomes.

Contextual Issues
Quality Improvement
Interprofessional Communication
Simple
Complex
Contextual Issues

Canadian Interprofessional Health Collaborative Framework
REFERENCES


